

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 730930 1. Entity Name PINELLAS ASSOCIATION OF INSURANCE AND FINANCIAL ADVISORS, INC.						FILED 08 JUN -9 PM 2: 20 SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business 557 S. DUNCAN AVE. CLEARWATER, FL 33756 US				Mailing Address P.O. BOX 62 CLEARWATER, FL 33757					
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 557 S. Duncan Ave. Suite, Apt. #, etc.				 REINSTATEMENT 07-08 05302008 REIN-NP CR2E099 (1/07)			
City & State Clearwater FL		City & State Clearwater FL		4. FEI Number 59-1693382				Applied For <input type="checkbox"/> Not Applicable	
Zip 33765		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent LAKE, SCOTT E 557 S. DUNCAN AVE. CLEARWATER, FL 33756				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>					
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.									
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>									
FILE NOW!!! FEE IS \$297.50				Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete CREVELLO, PAUL F 11621 SEMINOLE BLVD. SEMINOLE, FL 33708			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 06/09/08				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete SHEPARD, GARY 557 S. DUNCAN AVE CLEARWATER, FL 33756			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 06/09/08				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete LAKE, SCOTT E 557 S. DUNCAN AVE CLEARWATER, FL 33756			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700131069047 06/09/08				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete DUNCAN, CRAIG 2745 SR 580 #101 CELARWATER, FL 33761			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 06/09/08				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.									
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				8/4/08 7274490728 <small>Date Daytime Phone #</small>					